

2643

PATENT

I certify that on May 3, 2005, which is the date I am signing this certificate, this correspondence and all identified attachments are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Peter L. Holmes

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dybdal et al.

Confirmation No.: 3329

Application No.: 10/007,992

Art Unit: 2643

Filing Date: 11/07/2001

Examiner: Sams, Matthew C.

For:

Method Of Determining Communication Link Quality Employing Beacon Signals

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$225.00

05/06/2005 SSESHE1 00000081 10007992

01 FC:2252

225.00 OP

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(C	ol. 3)		SMALL ENTITY				
	CLAIMS										
	REMAINING	_	EST NO.								
	AFTER		IOUSLY		ESENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE				FEE	
TOTAL	32	_	30	_=	2	х	\$	25.00	=	\$	50.00
INDEP.	3	_	3	=	0	х	\$	100.00		\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							$A\Gamma$	DIT. FEE		\$	50.00

Total additional fee for claims required \$50.00

FEE PAYMENT

5. Attached is a check in the sum of \$275.00.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500651.

If an additional fee for claims is required, charge Account No. 500651.

Date: May 3, 2005

Reg. No.: 37,353

Tel. No.: 310-563-1454

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Signature of Practitioner

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